Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way **Mail To:** P.O. Box 78780 Madison, WI 53705

Milwaukee, WI 53293-0780

E-Mail: <u>DSPSCredTrades@wi.gov</u> FAX #: (608) 267-0592 Phone #: (608) 266-2112 Website: http://dsps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INSTRUCTIONS FOR INDUSTRIAL JOURNEYMAN ELECTRICIAN APPLICATION

Requirements for Credential

Per Wis. Stats. § 101.862, no person may install, repair, or maintain electrical wiring unless the person is licensed as an electrician by the Department or unless the person is enrolled as a registered Electrician by the Department.

Per Wis, Admin. Code § SPS 305.40, the electrical wiring activities that may be undertaken by a person who holds a license or registration as a licensed Industrial Journeyman Electrician or a registered Industrial Electrical Apprentice shall be limited to wiring within the facilities or properties of the business establishment where the person is employed. A person who holds a license or registration as a licensed Industrial Journeyman Electrician or a registered Industrial Electrical Apprentice may perform electrical wiring not associated with the facilities or properties of the business establishment where the person is employed, provided the person is under the direct supervision of a licensed Master Electrician, or Registered Master Electrician, or a licensed Journeyman Electrician.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

A person may obtain a credential as a licensed Industrial Journeyman Electrician by one of the following methods:

Method 1 – Experience and Examination

Completing the necessary hours of experience and passing the Industrial Journeyman Electrician license examination.

- Application and Fee: The fee consists of a \$35.00 application fee and a \$30.00 exam fee. When the exam is passed, the applicant will pay a \$100.00 prorated credential fee, based on a 4-year term from June 30th.
- Experience: A person applying for an Industrial Journeyman Electrician license examination shall have completed at least 1,000 hours per year of experience for at least five (5) years in industrial electrical wiring work. If a person has completed semesters in a school of electrical engineering or an accredited college, university, technical, or vocational school in an electrical related program, the applicant may claim 500 hours for each semester up to a total of 2,000 hours and two (2) years towards the required experience. Complete the Experience Table on Page 2. Attach a copy of transcripts, if applicable.
- Examination: Select an exam date on Page 2. For additional information on exam content, please view the Department website at http://dsps.wi.gov under "Licenses, Permits, and Registrations" and select "Trades Professions."

Method 2 – Apprenticeship

Completing an industrial electrical apprenticeship program

- **Application and Fee:** The fee consists of a \$35.00 application fee and a \$100.00 prorated credential fee, based on a 4-year term from June 30th. The fee table on Page 1 includes both the application fee and prorated credential fee.
- Electrical Apprenticeship: Completed an industrial electrical apprenticeship program recognized under Wis. Stats. § 106 or the Federal Department of Labor. Attach a copy of certificate of completion from the Wisconsin Bureau of Apprenticeship Standards stating that you have satisfied the requirements of an industrial electrical apprenticeship program. If you have any questions about apprenticeship standards, please contact the Wisconsin Bureau of Apprenticeship Standards at: http://dwd.wisconsin.gov/apprenticeship/contacts.htm or (608) 266-3332.

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR INDUSTRIAL JOURNEYMAN ELECTRICIAN LICENSE

Under Wisconsin law, the Department must	deny your application if you are lia	able for delinquent Stat	e Taxes or Child Support (Wis. Stats. § 440.12).	
PLEASE TYPE OR PRINT IN INK	Your name and address ar from lists of 10 or more cre		ic. Check box to withhold street address/PO Box number at. § 440.14).	
Last Name	First Name	MI	Date of Birth	
Address (street, city, state, zip)			Daytime Telephone Number	
Social Security #	Social Security Num		tted with your application on this form. If you do not have a Form #1051. The Department may not disclose the Social ed by law.	
Have you ever held a Trades credential	in WI? ☐ Yes ☐ No If y	ves, list your credentia	number:	
Email Address				
APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:				
☐ I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see further information below) ☐ Method 1 - Experience and Exam \$35.00 Application Fee \$30.00 Exam Fee \$65.00 Total Fee Attached ☐ Method 2 - Apprenticeship (see Prorated Credential Fee Table below) ☐ Reinstatement Fee (credential expired more than four (4) years) \$35.00 Application Fee \$30.00 Exam Fee \$25.00 Late Renewal Fee \$90.00 Total Fee Attached		☐ Fee and Application (including signature on Page 3) ☐ Supporting Documentation for Method Applying by (see Page i for instruction, i.e. college transcripts, letter of apprenticeship completion) ☐ Is name on all credentials the same? If not, list former/maiden name(s):		
Select the month the a	Prorated Credential I pplication is mailed. The fee b		2 ne application and credential fee.	
☐ January - \$122.52	☐ February - \$120.44	☐ March - \$118.36	☐ April - \$116.28	
☐ May - \$114.20	☐ June - \$112.12	☐ July – \$135.00	☐ August - \$132.92	
September - \$130.84	October - \$128.76	□ November - \$126	5.68 December - \$124.60	
"Military Benefits Related to Licensure fo	r Eligible Veterans Services Mer	mbers and Spouses" for	der "Licenses, Permits, and Registrations" and select or eligibility requirements.	
If you qualify, are you requesting a wair				
If Yes, provide a copy of your Department		•		
You may contact the DVA at 1-800-Wis related to your training.	Vets or <u>www.WISVETS.com</u> fo	or assistance in obtain	ning your DVA Voucher Code and/or documents	

#3105 (Rev. 11/18) Class Code 7631

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EXPERIENCE TABLE: METHOD 1

Document at least 1,000 hours per year of experience for the last five (5) years in industrial electrical wiring work. The witness must have observed or had knowledge of the number of work hours performed in electrical construction. If a person has completed semesters in a school of electrical engineering or an accredited college, university, technical or vocational school in an electrical related program, the applicant may claim 500 hours for each semester up to a total of 2,000 hours and two (2) years towards the required experience. Copies of this page may be made to mail to witnesses to sign. (attach additional sheet(s) if necessary)

Month/Year Began	Month/Year Ended	Hours	Signature of Witness OR Name of School	Phone # of Witness
	/			

TO SCHEDULE AN UPCOMING EXAM, METHOD 1:

- Indicate a first date choice (1) and a second date choice (2) in the event one exam site is full.
- Submit the fee and this application to the Department at least 30 days in advance of the exam date chosen.
- Keep a copy of this application for your records. You may only schedule one future exam session at a time for each credential type.
- You will receive a letter from DSPS confirming your upcoming exam, including the time, date and location of the exam.
- If you need special accommodations, please contact us at DSPSCredTrades@wi.gov.

Select availability: A.M. (starts at 8:00 a.m.) P.M. (starts at 1:00 p.m.) [If taking a 2-part plumbing exam or 5-hour exam, you will be scheduled for both the A.M. and the P.M. session]						
PEWAUKEE WCTC Education Center 800 Main St., Pewaukee, WI 53072	November 28, 2018	January 23, 2019	March 19, 2019	May 22, 2019		
	July 24, 2019	September 11, 2019	November 13, 2019			
EAU CLAIRE SleepInn Conference Center 5872 33 rd Ave., Eau Claire, WI 54703	December 4, 2018	February 18, 2019	April 24, 2019	June 05, 2019		
	August 28, 2019	October 23, 2019	December 04, 2019			
APPLETON Fox Valley Technical College 1825 N. Bluemound Dr., Appleton, WI 54914	November 07, 2018	January 10, 2019	March 27, 2019	May 29, 2019		
	July 10, 2019	September 25, 2019	November 26, 2019			
MADISON Madison Crowne Plaza 4402 E. Washington Ave., Madison, WI 53704	December 12, 2018	February 06, 2019	April 10, 2019	June 26, 2019		
	August 13, 2019	October 09, 2019	December 18, 2019			

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at http://dsps.wi.gov under "Licenses, Permits, and Registrations" and select "Trades Professions."

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:
I declare under penalty of law that I am (check one):
A citizen or national of the United States, or
☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at http://www.uscis.gov .
Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.
CONTINUING DUTY OF DISCLOSURE
I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.
AFFIDAVIT OF APPLICANT
I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.
By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.
Signature: Date: / / / /